



Wyoming Office of Multicultural Health

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Wyoming
Department
of Health

Public
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November



National Alzheimer's Disease Awareness Month

Alzheimer's is a type of dementia that causes problems with memory, thinking and behavior. Symptoms usually develop slowly and get worse over time, becoming severe enough to interfere with daily tasks.

Alzheimer's is the most common form of dementia, a general term for memory loss and other intellectual abilities serious enough to interfere with daily life.

Alzheimer's disease accounts for 50 to 80 percent of dementia cases.

Alzheimer's is not a normal part of aging, although the greatest known risk factor is increasing age, and the majority of people with Alzheimer's are 65 and older. But Alzheimer's is not just a disease of old age. Up to 5 percent of people with the disease have early onset Alzheimer's (also known as younger-onset), which often appears when someone is in their 40s or 50s.

Alzheimer's worsens over time.

Alzheimer's is a progressive disease, where dementia symptoms gradually worsen over a number of years. In its early stages, memory loss is mild, but with late-stage Alzheimer's, individuals lose the ability to carry on a conversation and respond to their environment. Alzheimer's is the sixth leading cause of death in the United States. Those with Alzheimer's live an average of eight years after their symptoms become noticeable to others, but survival can range from four to 20 years, depending on age and other health conditions.

Alzheimer's has no current cure, but treatments for symptoms are available and research continues. Although current Alzheimer's treatments cannot stop Alzheimer's from progressing, they can temporarily slow the worsening of dementia symptoms and improve quality of life for those with Alzheimer's and their caregivers. Today, there is a worldwide effort under way to find better ways to treat the disease, delay its onset, and prevent it from developing.

Please read more on Alzheimer's disease and treatment at:

http://www.alz.org/alzheimers_disease_what_is_alzheimers.asp or

<http://www.alz.org/co> or Call the 24/7 Helpline at **1.800.272.3900**

KNOW the **10 SIGNS**

EARLY DETECTION MATTERS

1. Memory loss that disrupts daily life
2. Challenges in planning or solving problems
3. Difficulty completing familiar tasks at home, at work or at leisure
4. Confusion with time or place
5. Trouble understanding visual images and spatial relationships
6. New problems with words in speaking or writing
7. Misplacing things and losing the ability to retrace steps
8. Decreased or poor judgment
9. Withdrawal from work or social activities
10. Changes in mood and personality



Men's Prostate Health

The prostate is a walnut-sized gland in men that is part of the reproductive system.

The prostate sits low in the pelvis, below the bladder, in front of the rectum. The prostate surrounds the urethra. The prostate makes seminal fluid, the liquid in sperm that protects, supports and helps transport sperm.

Below are some common conditions associated with the prostate.

Erectile Dysfunction

Erectile Dysfunction can be defined as the inability to achieve and/or maintain an erection sufficient for satisfactory sexual activity. Health professionals in general prefer the term "Erectile Dysfunction," which more precisely defines the nature of the condition than does an older word that is sometimes used -- "impotence" -- because the latter implies weakness to many people. It is estimated that as many as 100 million men worldwide suffer from ED. However, more than 85% of men with ED don't seek treatment. Among the reasons are the incorrect assumptions that ED is a normal consequence of aging and that there is no treatment available. The truth is that the likelihood of ED does increase with age because the prevalence of the underlying conditions that are associated with ED increases with age. The failure of sufferers to seek treatment is especially unfortunate because ED is a treatable condition and may be a symptom of another underlying medical problem that needs to be treated as well.

Some causes include: hypertension, diabetes, depression, high cholesterol, and/or hardening of the arteries and other vascular disorders that interfere with the flow of blood to the penis and the mechanism of erection.

Some treatment options include: oral medication, intraurethral suppositories, injectable drugs, vacuum devices, penile implants, and/or counseling and sex therapy.

Prostatitis

To put it simply, prostatitis is inflammation of the prostate gland. There are three main classifications of prostatitis:

Acute bacterial prostatitis - acute infection of the prostate gland, usually occurs in men aged 40 to 60 years.

Chronic bacterial prostatitis - recurrent infection of the prostate, occurs in men aged 50 to 80 years. It is associated with chronic urinary infection and, commonly, calcifications in the prostate (prostatic stones). In the cases of bacterial prostatitis, the culprit usually is a bacteria known as *Escherichia coli*.

Nonbacterial prostatitis - inflammation without any evidence of infection present, occurs in men aged 30 to 50 years. The cause of chronic nonbacterial prostatitis is unknown. In addition, there is another condition termed prostatodynia. The symptoms are similar to prostatitis, but there is no evidence of prostate inflammation.



The gold standard for diagnosing prostatitis would be to perform a biopsy of the prostate, but this is rarely done. Instead, doctors may diagnose prostatitis by examining prostatic secretions for bacteria. To do this, a "four-cup" test may be conducted.

Incontinence

Urinary incontinence is the inability to control urination. The term may be used interchangeably with Overactive Bladder (OAB), which also includes the same frequency in urination and urinary urge. People who suffer from overactive bladder, or urinary incontinence, can't hold their urine -- they wet themselves. (Leaking urine is normal only in infants; it is not a normal result of aging. If you have this problem, you may be too embarrassed or upset to ask for help. Don't be. It is estimated that over 12 million Americans have urinary incontinence. Incontinence affects all ages, both sexes, and people of every social and economic level. It is also estimated that 15 to 30 percent of people over the age of 60 who live at home have incontinence. Women are twice as likely as men to have this condition. In addition, at least half of the 1.5 million Americans who reside in nursing homes are incontinent. The exact number of people with incontinence is not known, but the total number of people affected may be far greater than current estimates. The first step is to locate a health care provider, such as a urologist, who is interested in and well-informed about treating incontinence.

--Prostate Conditions. PCEC: Prostate Conditions Education Council.
<http://www.prostateconditions.org/prostate-conditions>



Join WHF (Wyoming Health Fairs) and the Movember movement supporting awareness, education, survivorship, and research. During the month of November 2013, WHF is offering PSA screenings at Half Price! Visit WHF at one of our weekly events, or check our online calendar here <http://wyominghealthfairs.com/wow/events> to locate an event near you and take advantage of this deal!

What are the risk factors?

- **Gender:** Prostate cancer only affects men as women do not have a prostate gland.
- **Age:** The older a man, the more likely he is to be diagnosed with prostate cancer, about 97% of all prostate cancers are diagnosed in men 50 plus.
- **Family History:** A man with a father or brother who developed prostate cancer before age 60 is twice as likely to develop the disease.
- **Ethnicity:** African American men are more likely to develop prostate cancer and are nearly 2.5 times as likely to die from the disease.
- **Lifestyle:** Poor diet and lack of exercise.

What are possible symptoms?

- **Slow Flow:** Urine flow is slow and difficult to stop.
- **Hesitancy:** Difficulty starting flow of urine
- **Frequency:** Need to urinate more frequently
- **Nocturia:** Need to urinate during the night
- **Urgency:** Urgent need to urinate



Movember, visit <http://us.movember.com/?home>



One World Translation in Longmont, CO.

One World Translation is partnering with the Wyoming Office of Multicultural Health to assess how we may be of assistance to organizations like yours. It may be possible you do not need assistance, however, that information will also be valuable to know.

We would greatly appreciate your assistance with this assessment. Our combined data will serve as a central point for the exchange of information to improve the health status of Wyoming populations and access specialty services. The assessment questions are directly related to the required standards of the Affordable Care Act.

Please click on the link below and complete the survey. We will tally the results after all teams have responded and share the outcome. Additionally, feel free to forward this link to other groups that you believe may have impact.

<https://www.surveymonkey.com/s/OneWorldTranslation>

Should you have any questions, please contact:

Darlene Hall, Admin Coordinator

Darlene@OneWorldTranslation.com

[1-877-220-2460](tel:1-877-220-2460)

One World Translation

707 17th Avenue, Longmont, CO 80501

www.OneWorldTranslation.com

Affordable Care Act Resources

<https://www.healthcare.gov/>

The federal Health Insurance Marketplace offers three different paper applications:

- A form for families to determine whether they qualify for help paying for coverage.
- A form for single adults to determine whether they qualify for help paying for coverage. *may only be used by single adults who aren't eligible for health coverage from an employer and who aren't American Indian or Alaska Native.*
- A form for single adults or families that do not help paying for coverage but wish to enroll in a Qualified Health Plan.



The forms are available in English at this link:

<http://marketplace.cms.gov/getofficialresources/publications-and-articles/publications-and-articles.html>.

The forms are available in Spanish at this link:

<http://marketplace.cms.gov/getofficialresources/spanish-materials/spanish-materials.html>.

Quality and Culture Quiz

Questions

1. Cross-cultural misunderstandings between providers and patients can lead to mistrust and frustration, but are unlikely to have an impact on objectively measured clinical outcomes.

- a. True
- b. False



2. When the patient and provider come from different cultural backgrounds, the medical history obtained may not be accurate.

- a. True
- b. False

3. When a provider expects that a patient will understand a condition and follow a regimen, the patient is more likely to do so than if the provider has doubts about the patient.

- a. True
- b. False

4. A really conscientious health provider can eliminate his or her own prejudices or negative assumptions about certain types of patients.

- a. True
- b. False



5. When taking a medical history from a patient with a limited ability to speak English, which of the following is LEAST useful?

- a. Asking questions that require the patient to give a simple “yes” or “no” answer, such as “Do you have trouble breathing?” or “Does your knee hurt?”
- b. Encouraging the patient to give a description of her/his medical situation, and beliefs about health and illness.
- c. Asking the patient whether he or she would like to have a qualified interpreter for the medical visit.
- d. Asking the patient questions such as “How has your condition changed over the past two days?” or “What makes your condition get better or worse?”

Answers

1. Cross-cultural misunderstandings between providers and patients can lead to mistrust and frustration, but are unlikely to have an impact on objectively measured clinical outcomes.

(False: Low levels of cultural competence can impede the process of making an accurate diagnosis, cause the provider to order contraindicated medication, and reduce patient adherence to recommended treatment.)

2. When the patient and provider come from different cultural backgrounds, the medical history obtained may not be accurate.

(True: Because of language and cultural barriers, the patient may not understand the questions or may be reluctant to report symptoms; in turn, the provider may misunderstand the patient's description of symptoms.)

3. When a provider expects that a patient will understand a condition and follow a regimen, the patient is more likely to do so than if the provider has doubts about the patient.

(True: This is an adaptation of the “Pygmalion theory” which has proven that students generally live up—or down—to the expectations of their teachers. (Rosenthal and Jacobson 1968).)

4. A really conscientious health provider can eliminate his or her own prejudices or negative assumptions about certain types of patients.

(False: Most of us harbor some assumptions about patients, based on race, ethnicity, culture, age, social and language skills, educational and economic status, gender, sexual orientation, disability/ability, and a host of other characteristics. These assumptions are often unconscious and so deeply rooted that even when an individual patient behaves contrary to the assumptions, the provider views this as the exception to the rule. A conscientious provider will not allow prejudices to interfere with making an accurate diagnosis and designing an appropriate treatment plan.)

5. When taking a medical history from a patient with a limited ability to speak English, which of the following is LEAST useful?

(Answer: a. While it may seem easier to ask questions that require a simple “yes” or “no” answer, this technique seriously limits the ability of the patient to communicate information that may be essential for an accurate history and diagnosis. The most effective way to put the patient at ease and to ensure that the patient provides essential information about his or her symptoms is to combine two types of questions: 1) open-ended questions such as “Tell me about the pain in your knee” and 2) more directed questions, such as “What makes the pain get better or worse?” Always get a qualified interpreter when possible.)

The Great American Smokeout



The American Cancer Society marks the Great American Smokeout on the third Thursday of November each

year by encouraging smokers to use the date to make a plan to quit, or to plan in advance and quit smoking that day. By quitting — even for one day — smokers will be taking an important step towards a healthier life — one that can lead to reducing cancer risk.



Tobacco use remains the single largest preventable cause of disease and premature death in the US, yet about 43.8 million Americans still smoke cigarettes — Nearly 1 in

every 5 adults. As of 2010, there were also 13.2 million cigar smokers in the US, and 2.2 million who smoke tobacco in pipes — other dangerous and addictive forms of tobacco.

Quitting is hard, but you can increase your chances of success with help. The American Cancer Society can tell you about the steps you can take to quit smoking and provide quit-smoking programs, resources and support that can increase your chances of quitting successfully. To learn about the available tools, call us at 1-800-227-2345.

—<http://www.cancer.org/healthy/stayawayfromtobacco/greatamericansmokeout/index>

November 2013 Events/Observances

Month

Alzheimer's Disease Awareness Month (National)
Bladder Health Month
COPD Awareness Month
Diabetes Month (American)
Diabetic Eye Disease Month
Epilepsy Awareness Month (National)
Family Caregivers Month (National)
Healthy Skin Month (National)
Home Care and Hospice Month (National)
Hospice / Palliative Care Month (National)
Jingle Bell Run / Walk for Arthritis (through December)
Lung Cancer Awareness Month
Pancreatic Cancer Awareness Month (National)
Prematurity Awareness Month
Sexual Health Month (National)

Week

Medical-Surgical Nurses Week 1-7
Urology Nurses and Associates Week 1-7
Allied Health Professions Week (National) 3-9
Diabetes Education Week (National) 3-9
Emerging Nurse Leaders Week 3-9
Medical Staff Services Awareness Week (National) 3-9
Patient Transport Week (National) 3-9
Radiologic Technology Week (National) 3-9
Heimlich Maneuver Week (National) 4-10
Patient Blood Management Awareness Week 4-8
Home Care Aide Week 10-16
Mental Health Wellness Week 11-17
Perioperative Nurse Week 11-17

Day

Lung Cancer Walk 3
Great American Smokeout 21



Fun Fact: Cover That Sneeze

“The air from a human sneeze can travel at speeds of 100 miles per hour or more -- another good reason to cover your nose and mouth when you sneeze -- or duck when you hear one coming your way..”

--Editors of Publications International, Ltd. “Sneeze Speed”. Discovery Fit and Health: Human Body. 16 Unusual Facts About the Human Body. <http://health.howstuffworks.com/human-body/parts/16-unusual-facts-about-the-human-body.htm>

2013 Health Observances and Recognition Days Calendar
www.magnetlearningcommunity.org/Events/HealthRecognitionEvents



Wyoming Office of Multicultural Health

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WWW.WOMH.ORG

*We look forward to working with you
to eliminate health disparities in
Wyoming.*

The mission of the Wyoming Office of Multicultural Health (WOMH) is to minimize health disparities among underserved populations in the state through networking, partnerships, education, collaboration, and advocacy; and to promote culturally competent programs aimed at improving health equity.



Wyoming
Department
of Health

Commit to your health.

Cent\$ible Nutrition Tips, 307.633.4383

 UNIVERSITY OF WYOMING
EXTENSION

Food Safety for the Holidays

It's that time of year where everyone is starting to think about the upcoming holidays. A big part of the holiday season is the food that we wait all year to prepare and enjoy with our friends and families. However, in the hustle and bustle of this busy season, we may forget the importance of food safety, especially when the meal includes turkey or other poultry. To reduce the risk of giving your friends and family a food borne illness for the holidays, follow these important steps and tips as you prepare the holiday meal:



Plan ahead and thaw your frozen bird in the refrigerator. Allow 24 hours for every 4-5 pounds. You may also thaw meat in cold water but remember to change the water every 30 minutes. Cook immediately after thawing. Do not thaw meat on the kitchen counter – this encourages rapid bacterial growth!

It is not recommended to stuff a turkey as the ingredients may not reach the optimal temperature inside the bird. If you do choose to cook stuffing inside the bird, use a thermometer to make sure the stuffing reaches at least 165°F.

A whole turkey is safe when cooked to 165°F. Check the temperature with a food thermometer in the innermost part of the thigh and wing and the thickest part of the breast. Even if your turkey has a “pop-up” temperature indicator, use your thermometer to ensure doneness.

If you buy a pre-stuffed turkey, make sure that the package displays the USDA or State mark of inspection. This ensures the turkeys have been processed under controlled conditions.

After your meal, refrigerate any leftovers within two hours. Discard any leftovers that have been left at room temperature for more than two hours.

Divide leftovers into small containers. Cut turkey into smaller pieces or slices before refrigerating.



Reheat leftovers to 165°F.

